

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914436	RECEIPT DATE:	08 / 27 / 01
IA NUMBER:	PCT/ EP00 / 01481	IA FILING DATE:	02 / 23 / 00
FAMILY NAME:	HOPPE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	LUTZ	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 03 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	MO-5487/WW-5	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000157	TELEPHONE 4127775449
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NAME: BAYER CORPORATION
PATENT DEPARTMENT
STREET: 100 BAYER ROAD

CITY: PITTSBURGH
STATE/COUNTRY: PA ZIP: 15205
EMAIL:
APPLICATION TITLES:

METHOD FOR PRODUCING COMPACTED FREE-FLOWING RAW MATERIALS FOR VARNISH

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 4134

SERIAL NUMBER 09/914,436	FILING DATE 08/27/2001 RULE	CLASS 536	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. Mo-5487/WW-5382	
APPLICANTS Lutz Hoppe, Walsrode, GERMANY; Martin Lohrie, Walsrode, GERMANY; Lutz Riechardt, Walsrode, GERMANY; Holger Tanneberger, Fallingbostel, GERMANY;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP00/01481 02/23/2000					
** FOREIGN APPLICATIONS ***** GERMANY 199 09 230.3 03/03/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>MC</i>		STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
ADDRESS #34947 00457					
TITLE Method for producing compacted free-flowing raw materials for varnish					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		